

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 MAR -7 P1:59

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII

STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Velasco	Nicole	A.	539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL nvelasco@awlaw.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Slovin & Ito, LLP			539-0400
MAILING ADDRESS (Street)			FAX 533-4945
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	


PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Insurance Association		
MAILING ADDRESS (Street)		FAX
1015 K Street, Suite 200		EMAIL
(City)	(State)	(Zip Code)
Sacramento	CA	95814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Marjorie Berte		(916) 442-7617
MAILING ADDRESS (Street)		FAX
1015 K Street, Suite 200		EMAIL mberte@aiaadc.org
(City)	(State)	(Zip Code)
Sacramento	CA	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

03-05-13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Marjorie Berte

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Vice President

NAME OF ORGANIZATION (if applicable)

American Insurance Association

TELEPHONE

(916) 442-7617

MAILING ADDRESS (Street)

1015 K Street, Suite 200

FAX

EMAIL
mberte@aiadc.org

(City)

Sacramento

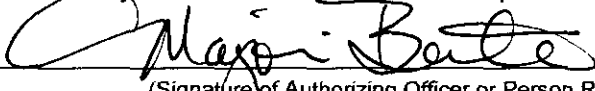
(State)

CA

(Zip Code)

95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

2-26-2013

(Date)